

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041012

FILED VS NOV 9 1 1960

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Primary Registration District No. 3006 Registrar's No. 641

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>100 Cherry</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>100 Cherry</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>BOOTH</u> Last <u>BOOTH</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>12</u> Year <u>1960</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>negr</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>aug 12 1890</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Boone County Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>Jack Booth</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Cain</u>			14. NAME OF HUSBAND OR WIFE <u>Nellie Booth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>                    </u>		17. INFORMANT <u>Helen Harris, Columbia mo</u> Address <u>                    </u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>                    </u> DUE TO (c) <u>                    </u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour <u>          </u> a.m. / p.m. Month, Day, Year <u>          </u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>5 Nov 60</u> to <u>12 Nov 60</u> and last saw her/him alive on <u>12 Nov 60</u> Death occurred at <u>5:30 A.M. Nov 12-60</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Leroy Miller M.D.</u> (Degree or title)				22b. ADDRESS <u>Quincy Bldg Columbia</u>			22c. DATE SIGNED <u>17 Nov 60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Nov. 17, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stevens Calvary</u>		23d. LOCATION (City, town, or county) <u>Columbia, Mo</u>		(State)		
24. FUNERAL DIRECTOR <u>Mrs Stuart Parker Columbia Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Nov 17 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed, George A. [Signature]

Licensed Embalmer No. 4425

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co  
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.